

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

FORM NO.

10/808 854

FILING DATE

APPLICATION

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
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TOTAL NO.	32		1		1	
TOTAL DEP.	22		22		22	
TOTAL CLAIMS	23		23		23	

BEST AVAILABLE COPY